Mississippi Secretary of State

| | | O. Box 136, Jackson, MS 392 | 05-0136 | | |
|--|--|--|--|---|---|
| ADMINISTRATIVE PROCEDURES | | | | | |
| AGENCY NAME Board of Animal Health | | CONTACT PERSON James A. Watson, D.V.M. | TELEPHONE NUMBER (601)359-1170 | | |
| ADDRESS P.O. Box 3889 | | CITY Jackson | | STATE MS | ZIP 39207 |
| EMAIL jimw@mdac.state.ms.us | SUBMIT DATE 04-16-14 | Name or number of rule(s): Entry Requirements for Swine | | | |
| Short explanation of rule/amendment, | repeal and reason | (s) for proposing rule/amendn | nent/repeal: | Revises heal | th certificate |
| requirements for swine. Disease outb | reak is a threat to tl | he public health. | | | |
| Specific legal authority authorizing the | promulgation of ru | ile: Miss. Code Ann. §69-15-3 | | | |
| List all rules repealed, amended, or sus | spended by the pro | posed rule: Subpart 2, Ch. 12, | §108.01 | | |
| ORAL PROCEEDING: | | | | | |
| An oral proceeding is scheduled for | this rule on Date | : Time: Place: _ | | | |
| Presently, an oral proceeding is not | scheduled on this | rule. | | | |
| If an oral proceeding is not scheduled, an oral pr ten (10) or more persons. The written request si notice of proposed rule adoption and should incl agent or attorney, the name, address, email add comment period, written submissions including a ECONOMIC IMPACT STATEMENT: | hould be submitted to th ude the name, address, ress, and telephone num | ne agency contact person at the above email address, and telephone numbe ther of the party or parties you repres | e address within er of the person(sent. At any tim | twenty (20) day s) making the re e within the twe | ys after the filing of this quest; and, if you are an enty-five (25) day public |
| | | | | | |
| Economic impact statement not rec | uired for this rule. | Concise summary of e | conomic imp | act statemen | it attached. |
| X Original filing Action pro Renewal of effectiveness New To be in effect for 120 days Am | | sed: ule(s) Iment to existing rule(s) of existing rule(s) | FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference | | |
| | | on by reference Il effective date: | Withdrawn Repeal adopted as proposed | | |
| | | s after filing | Effective date: | | |
| | Other (| (specify): | | lays after filing r (specify): | 3 |
| Printed name and Title of person au Signature of person authorized to fi | | Hes: Christopher A. Smith, (| Director of F | inance | |
| | DO NOT | WRITE BELOW THIS LINE | | | |
| OFFICIAL FILING STAMP | TOTAL COLUMN TO A SECURITION OF THE PERSON O | ICIAL FILING STAMP | 10 | FICIAL FILING | G STAMP |
| APR 1 6 2014 MISSISSIPPI SECRETARY OF STATE | | | | | |

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by

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